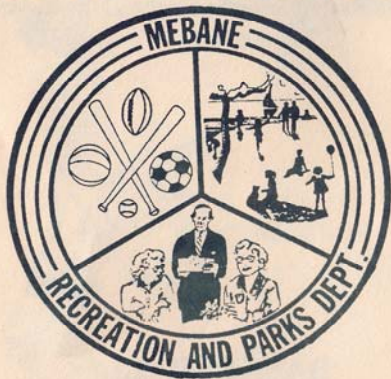


# MEBANE INSTRUCTIONAL SPORT CAMPS



**I'm An Athletic Champion**

**Basketball.....July 13 - July 16**  
**9 a.m. - 1 p.m.**

**Football.....July 27 - July 30**  
**9 a.m. - 12 noon**

**Tennis .....Aug. 3 - Aug. 13**  
**9 a.m. - 11:00 a.m.**

'09



**FOOTBALL**  
**Football Camp held at**  
**Eastern Alamance High School**  
**July 27 - July 30 • 9:00 a.m. - 12:00 Noon**  
**Ages 6 - 13**

**John Kirby** - Head Coach Eastern High School and Eastern Alamance Football Staff.



### **Program Instruction:**

Blocking, fundamentals, stance, takeoff, passing, tackling and alignment. Games will also be played on a daily basis (Flag).

Our camp will give and teach proper fundamentals of the game of football. We will teach proper techniques to improve their skills. The camp will be high quality teaching, giving the camper an opportunity to become a better player. We would be delighted to have you in our camp.

Coach John Kirby

**DON'T PRACTICE MISTAKES!**  
**GET THE JUMP ON**  
**YOUR COMPETITION!**

## FEE AND SIGN-UP

### Basketball Camp

(Limit 75 participants to the first paid sign-ups)

Resides within city limits.....\$45.00

Resides outside city limits.....\$55.00

### Football Camp

Resides within city limits.....\$35.00

Resides outside city limits.....\$45.00

### Tennis Camp

Resides within city limits.....\$35.00

Resides outside city limits.....\$45.00

**NO REFUNDS**

Pay the fee at Mebane City Hall. You must have the sign-up sheet and consent form with you when you pay the fee. Every child will receive a T-shirt with the camp's logo on the front.

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth and Age \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day Age

Home Telephone Number \_\_\_\_\_

Circle Size of Shirt: Youth L Adult S Adult M Adult L Adult XL

Parent's Business Number \_\_\_\_\_

In Case of Emergency, Contact:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

## AUTHORIZATION & RELEASE

STATE OF NORTH CAROLINA • CITY OF MEBANE

I hereby give \_\_\_\_\_ my permission to participate and be involved in the City of Mebane's Department of Recreation program of \_\_\_\_\_.

By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision, and the instructor as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor, or waive the right to do so. I understand that immediately prior to any activity involved in the program hereinabove, I have the right to inspect the facilities or equipment and will notify the instructor or supervisor or the City of any objection to the supervision, instruction, facilities, or equipment used in connection therewith. I hereby release the City of Mebane and its employees from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the qualification of the instructor or the adequacy of the supervision, facilities, or equipment used in the program named above.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent or Legal Guardian

**For More Information,  
Call the Mebane Recreation Department  
919-563-3629 • Ext. 1 or Ext. 4**